Advantage 65

Health Benefits Plan
Administered by Anthem Blue Cross and Blue Shield

July 1, 2003

The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia Department of Human Resource Management (DHRM). The Advantage 65 plan may be offered to you and your eligible family members by your group.

The Advantage 65 Health Benefits Plan offers benefits that supplement Medicare Part A and Part B. The plan is designed especially for Local Choice groups enrolled in an Anthem Blue Cross and Blue Shield-administered health benefits plan.

This guide is only an overview. For a complete description of the benefits, exclusions, limitations, and reductions, please see the Advantage 65 Member Handbook.

Service Area

Wherever retirees live.

How The Plan Works

To receive full benefits you must be enrolled under both Part A and Part B of Medicare. Always show both your Medicare card and your Anthem identification card when you receive care.

Advantage 65 covers the Medicare Part A hospital deductible (after you pay $100) and copayment amounts, and the Part B copayment for Medicare-approved charges.

Other Advantage 65 features include:

- An outpatient prescription drug program
- At-home recovery care through a Medicare-approved home health treatment plan
- Out-of-country Major Medical services

The outline of benefits on the following pages provides more information.

Choose Health Care Providers Carefully

Physicians

Ask your doctor if he or she is a Medicare participating physician. A doctor who participates in Medicare agrees to:

- File claims on your behalf
- Accept Medicare's payment for covered services

This means your copayment is limited to a percentage of the Medicare-approved charge. Your nearest Social Security office can give you additional information about Medicare-participating physicians.

This brochure describes benefits based on Medicare-approved charges. Doctors who do not accept assignments may not charge you any more than 15% above what Medicare considers a reasonable fee. This applies to all doctors and all services.

Hospitals

Hospitals that participate in the Medicare program are covered. Admissions not approved by Medicare are not covered.

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What The Plan Covers

		Plan Pays
PART A SERVICES		
Hospital Inpatient	▲ Medicare Part A hospital deductible less $100 per benefit period, days 1-60	In full
	▲ Medicare Part A daily hospital copayment amount, days 61-90	In full
	▲ 100% of the allowable charge*, days 91-120	In full
	▲ Copayment amount for Medicare Lifetime Reserve Days (60 days available)	In full
Skilled Nursing Facility	▲ Medicare Part A skilled nursing facility copayment, days 21-100 (Medicare covers days 1-20 in full.)	In full
	▲ A daily amount equal to Medicare skilled nursing home copayment, days 101-180 (Medicare provides no coverage beyond 100 days.)	In full
		Plan Pays
PART B SERVICES		
Physician And Other Services (after you pay $100 Part B calendar year deductible)	▲ Part B copayment of Medicare-approved charges for services such as: • Doctor's care • Surgical services • Outpatient x-ray and lab services • Professional ambulance service	In full
AT HOME RECOVERY SERVICES	▲ At-home recovery care for an illness or injury approved under a Medicare home health treatment plan. Benefits include: ▲ Home visits up to the number approved by Medicare, not to exceed 7 visits per week (This benefit applies to home health services, certified by a physician, for personal care during the recovery period)	Up to $40 per visit (limited to $1,600 per calendar year)
		Plan Pays
OUT-OF-COUNTRY MAJOR MEDICAL SERVICES *(after you pay $250 calendar year deductible)*	▲ Lifetime maximum	$250,000
	▲ Annual restoration of lifetime maximum (limited to the amount of benefits used in any one year)	$2,000
Covered Services	▲ Medically necessary services received in a foreign country	80% AC*
Out-Of-Pocket Expense Limit	▲ In a calendar year when your out-of-pocket expenses for covered services reach $1,200, the plan pays 100% of the allowable charge for the rest of the calendar year.	

**Allowable Charge (AC)* — *The term has two meanings, depending on whether the service is provided by a doctor (or other health care professional) or a hospital. For care by a doctor or other health care professional, the allowable charge is the lesser amount of your plan's allowance for that service, or the provider's charge for that service. For hospital services, the allowable charge is the amount of the negotiated compensation to the facility for the covered service or the facility's charge for that service, whichever is less. For complete information about the allowable charge, please see the Advantage 65 Member Handbook.*

Retail Pharmacy And Home Delivery Prescription Drug Benefits

Retail Pharmacy

This is a **mandatory generic** outpatient prescription drug program. If a generic equivalent exists for a brand name drug, you have two choices. You may request the generic and pay only the copayment. Or you or your doctor may request a brand name drug and you will be responsible for the following:

- **At a participating pharmacy** you will be responsible for the applicable copayment plus the difference between the allowable charge for the generic equivalent and the allowable charge for the brand name drug.
- **At a non-participating pharmacy** you pay the total price for the drug and then file a Prescription Drug Direct Reimbursement Claim Form. Reimbursement is limited to the allowable charge for the generic drug minus your copayment.

To obtain prescriptions at a participating retail pharmacy simply:

1. Present your Anthem identification card to your pharmacist.
2. Pay the appropriate copayment. The pharmacist will tell you the amount of your copayment.
3. If you request a brand name drug when a generic is available, you pay the appropriate copayment *plus* the difference between the generic and the brand name allowable charge.

Note: Some drugs require Prior Authorization before they are dispensed. See page 4 for important details.

Home Delivery Pharmacy

This is a convenient, cost-effective way to obtain up to a 90-day supply of medications you take routinely (such as medication for high blood pressure or high cholesterol). Your medications are delivered directly to your home. You will receive a Home Delivery Pharmacy packet with your medical identification card when you enroll in the plan. You may also contact Anthem Member Services for a packet.

Your Copayments

Prescription drugs are divided into three tiers or categories, and you pay the appropriate prescription copayment by tier. In general, the first tier covers generic drugs which are usually the least expensive. The second tier is lower cost brand name drugs and some generic drugs. The third tier is higher cost brand name drugs and may include newly introduced drugs.

To determine in which tier your prescription drug falls, go to **www.anthem.com**. Select Members and Consumers, then choose Virginia. On the home page select the link to Commonwealth of Virginia and The Local Choice Members. Then select the Prescription Drug Program link. You may also contact Anthem Member Services for assistance.

	First Tier Copayment *Typically Generic Drugs*	Second Tier Copayment *Lower Cost Brand Name Drugs And Some Generic Drugs*	Third Tier Copayment *Typically Higher Cost Brand Name Drugs*
Participating Retail Pharmacy: *Per 34-day supply*	$15	$20	$35
Home Delivery Pharmacy: *Up to 90-day supply*	$18	$33	$63

Prior Authorization Required For Certain Drugs

Prior authorization is required for certain medications. Prior authorization is also required if your physician orders more than the allowable quantity.

Your physician or pharmacist, or Anthem Member Services can tell you if a drug requires prior authorization. Your physician may request approval for drugs that require prior authorization on your behalf. In addition, you may go to our Web site at **www.anthem.com** to view a list of covered drugs. To access the drug list from the Commonwealth of Virginia and The Local Choice home page, select the Prescription Drug Program link. Click on Drug Detail to see if prior authorization is required for a particular drug.

If You Need Assistance

Anthem Blue Cross and Blue Shield

For assistance, please call Anthem Member Services:
355-8506 in the Richmond dialing area or
1-800-552-2682 outside Richmond
Monday through Friday 8:00 a.m. – 6:00 p.m.
Saturday 9:00 a.m. – 1:00 p.m.

On the Web at **www.anthem.com**

The Local Choice

The Local Choice Health Benefits Program
Commonwealth of Virginia
Department of Human Resource Management
101 North 14th Street – 13th Floor
Richmond, VA 23219

On the Web at **www.thelocalchoice.state.va.us**

NOTE: This is not a policy. This is a brief summary of the Advantage 65 health benefits plan. For a complete description of the benefits, exclusions, terms, and conditions, please see the Advantage 65 Member Handbook.